

P1691-221A PCT  
10/520 654

RULE 63 (37 C.F.R. 1.63)  
DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION IN THE  
UNITED STATES PATENT AND TRADEMARK OFFICE

[ X ] Declaration Submitted with Initial Filing or [ ] Declaration Submitted after Initial Filing (surcharge 37 CFR 1.16 (e) required)  
As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name,  
and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural  
names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED  
"An apparatus for opening and closing a sliding door", the specification of which is:

[ ] attached hereto as Attorney Docket No. \_\_\_\_\_, OR  
[ X ] was filed on (MM/DD/YYYY) ~~XXXXXX~~ As United States Application Number (Attorney Docket No. \_\_\_\_\_) or  
U.S. National Phase of PCT International Application No. PCT/SE2003/001218.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by  
any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as  
defined in 37 C.F.R. 1.56 including for continuation-in-part application, material information which becomes available between the filing  
date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a) -(d) or 365(b) of any foreign application(s) for patent or inventor's  
certificate, or 365(a) of any PCT international Application which designated at least one country other than the United States of America,  
listed below and have also identified below, by checking the box, any foreign application for patent or inventor=s certificate, or any PCT  
international application having a filing date before that of the application on which priority is claimed.

PRIOR FOREIGN APPLICATION(S)			Priority Claimed		Certified Copy Attached	
Number	Country	Foreign Filing Date (MM/DD/YYYY)	Yes	No	Yes	No
0202266-3	Sweden	18 July, 2002	X			X

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional Application(s) listed below.

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)			
Application No. (series code/serial no.)	Filing Date (MM/DD/YYYY)	Status	Priority Claimed
		pending, abandoned, patented	Yes No
PCT/SE2003/001218	July 16, 2003	PENDING	X

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are  
believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are  
punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false  
statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the registered practitioners at **Manelli, Denison & Selter, pllc**, represented by **Customer No.: 20736** to prosecute this  
application and transact all business in the U.S. Patent and Trademark Office in connection therewith. Direct all correspondence to  
**Customer No.: 20736**.

1. INVENTOR'S SIGNATURE: Sonnie M. Hermansson Date 041215  
Inventor's Name (typed) Sonnie HERMANSSON Sweden  
First Middle Initial Family Name Country of Citizenship  
Residence (City) SJUNTORP SE Sweden  
Post Office Address (Include Zip Code) Kalvhed 2185, SE-460 20 SJUNTORP, Sweden

2. INVENTOR'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
Inventor's Name (typed) \_\_\_\_\_  
First Middle Initial Family Name Country of Citizenship  
Residence (City) \_\_\_\_\_ (State) \_\_\_\_\_  
Post Office Address (Include Zip Code) \_\_\_\_\_

3. INVENTOR'S SIGNATURE: \_\_\_\_\_ Date \_\_\_\_\_  
Inventor's Name (typed) \_\_\_\_\_  
First Middle Initial Family Name Country of Citizenship  
Residence (City) \_\_\_\_\_ (State) \_\_\_\_\_  
Post Office Address (Include Zip Code) \_\_\_\_\_